

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000003957

Entity Name: HIGHLANDS RANCH HEALTHCARE, LLC

Current Principal Place of Business:

423 FORTRESS BLVD.
MORGANTOWN, WV 26508

Current Mailing Address:

423 FORTRESS BLVD.
MORGANTOWN, WV 26508

FEI Number: 84-1472832

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MEMBER, MANAGER
Name URGENT CARE MSO, LLC
Address 423 FORTRESS BLVD.
City-State-Zip: MORGANTOWN WV 26508

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 03/24/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date